

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

06239

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Marys  
 City or town Holly Wood Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 12 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys  
 City or town Holly Wood  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. P.O. #1  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Emma Augusta Bennett

## 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Philip N. Bennett Sr  
 7. Birth date of deceased (mo., day, yr.) Nov 1 1880 6.(c) If alive, give age 71 years  
 8. AGE: Years 65 Months 7 Days - If less than one day - hrs. - min.

9. Birthplace Germany  
(Town, county, and state)10. Usual occupation House wife

## 11. Industry or business

12. Name Ernest Seibert  
 13. Birthplace Germany  
 14. Maiden name Anna Kado  
 15. Birthplace Germany

18. Informant Philip N. Bennett Sr  
 Address Holly Wood Md

17. Burial Date thereof July 2 1946  
 (Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory St Paul CemeteryLocation Leonardtown Md18. Funeral director W. C. HestonAddress Leonardtown Md

19. 6/30 46 Cavalieri  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 19 46 at 4:43 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Nov 1 1945 to June 31 1946  
 and that I last saw her alive on June 30 19 46

Immediate cause of death Carcinoma of Brain  
with cerebral  
metastases

Due to -  
 Due to -  
 Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -  
 Date of op. -

Autopsy results -  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE Frank A. Cavalieri

Leonardtown M. D. or other 6/30/46  
 Address Date signed

RECEIVED  
JUL 2 1946  
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-7

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Mechanicville, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution? 1

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md. County St. Mary's  
 City or town Mechanicville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war 1

## 3. (a) FULL NAME

Milton Berry  
 4. Sex m 5. Color or race Caucasian 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Annie Berry

6.(c) If alive, give age 57 years  
 7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 61 Months 1 Days 1 If less than one day hrs. min.

9. Birthplace Maryland  
 (Town, county, and state)

10. Usual occupation farmer

11. Industry or business farmer

12. Name Walter Berry

13. Birthplace Virginia

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Annie Young

Address Mechanicville

17. Burial Date thereof 6/25/46  
 (Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematorium Galilee

Location Land of the Living

18. Funeral director Leonard Robinson

Address Leonardtown

19. 6/25/46 19 46 Canal  
 (Date rec'd by registrar)

Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1946 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 19 to 19 46

and that I last saw him on June 22 1946

Immediate cause of death Acute dilatation of heart

Due to Chronic Endocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Frank A. Casper

Address Leonardtown Date signed 6/25/46

RECEIVED  
JUN 26 1946  
BUREAU V.S.

AFTERMATH LETTER

NO CONTENT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of usual residence of deceased is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. I 04 JUL -2 1946

## CERTIFICATE OF DEATH

66241

Reg. Dist. No. 282

### 1. PLACE OF DEATH:

County... St. Marys Co  
 City or town... Leonardtown Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? one hour  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... St. Marys  
 City or town... Chaptico P.O.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No...  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

### 3. (a) FULL NAME

Charles Ignatius Buscoe

### 3. (b) Social Security Number

#### 4. Sex

male

#### 5. Color or race

coloured

#### 6. (a) Single, married, widowed, or divorced

—

#### 6. (b) Name of husband or wife

#### 7. Birth date of deceased (mo., day, yr.)

Dec 21-1943

#### 6. (c) If alive, give age... years

#### 8. AGE:

Years

Months

Days

If less than one day

2

6

2 1/2

hrs.

min.

#### 9. Birthplace

St. Marys Co. Md  
 (Town, county, and state)

#### 10. Usual occupation

#### 11. Industry or business

FATHER  
MOTHER

#### 12. Name

#### 13. Birthplace

#### 14. Maiden name

#### 15. Birthplace

#### 16. Informant

#### Address

#### 17.

(Burial, cremation, or removal. Which?)

#### Date thereof

6/25/46  
 (month) (day) (year)

#### Cemetery or crematory

#### Location

#### 18. Funeral director

#### Address

#### 19.

(Date rec'd by registrar)

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH... June 23 1946, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 19 1946 to June 23 1946  
 and that I last saw him alive on June 19 1946

Immediate cause of death:

Acute enteric - Colitis

DURATION

5 days

Due to...

Due to...

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE

Address... Chaptico Md Date signed 6/24/46

RECEIVED

RECEIVED

RECEIVED  
JUN 26 1946  
BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

## CERTIFICATE OF DEATH

06242

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County St. Mary'sCity or town Rural, Calloway  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary'sCity or town Rural, Calloway  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Willard  
Harvey Infant Dement

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 8. (b) Name of husband or wife

## 7. Birth date of

deceased (mo., day, yr.)

June 21-1946

## 8. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

## 9. Birthplace

Calloway, Md.  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

H. Willard Dement

## 12. Name

Great Mills, Md.

## 13. Birthplace

Litha, Eward

## 14. Maiden name

Tacoma, Va.

## 15. Birthplace

Harry Dement

## 16. Informant

Calloway

## 17. Burial

(Burial, cremation, or removal, Which?)

Date thereof 6-21-46  
(month) (day) (year)

## 18. Cemetery or crematory

Popular Hill

## 19. Location

Valley Lee, Md.

## 20. Funeral director

P. B. Robinson

## 21. Address

Lionsardtown, Md.

## 22. (Date rec'd by registrar)

6-21-46

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

June 21, 1946 at 11:48 A.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 21, 1946 to June 21, 1946and that I last saw him alive on June 21, 1946

## Immediate cause of death

Premature birth

## DURATION

7 mo.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op. \_\_\_\_\_

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

P. B. Robinson, M.D.Address Great Mills, Md. Date signed 6-21-46



RECEIVED  
JUN 24 1946  
BUREAU V.B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12

## CERTIFICATE OF DEATH

66243

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Leonardtown Md  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary'sCity or town Leonardtown  
 (If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Benj. Hooper Duke4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widower6.(b) Name of husband or wife Grace Pent Duke

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Aug 12 - 18788. AGE: Years 67 Months 10 Days 16 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Leonardtown St. Mary's Md  
 (Town, county, and state)10. Usual occupation clerk

11. Industry or business \_\_\_\_\_

12. Name John F. Duke13. Birthplace St. Mary's Co14. Maiden name Margaret Ruthall15. Birthplace St. Mary's Co16. Informant F. B. DukeAddress Leonardtown Md17. Burial Date thereof July 1 - 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Anthony's cemeteryLocation Leonardtown Md18. Funeral director W. C. MatthewsAddress Leonardtown Md19. Causler 6/29/46  
 (Date rec'd by registrar)

Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1946 at 1953 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1944 to June 28 1946and that I last saw him alive on June 28 1946

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Paul A. Causler M. D. or other \_\_\_\_\_Address Leonardtown Date signed 6/29/46

12345

RECEIVED  
JUL 2 1946  
BUREAU V.A.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-2)

## CERTIFICATE OF DEATH

06244

Reg. Dist. No. 282

1. PLACE OF DEATH  
County..... St Marys  
City or town..... Leonardtown Md  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... 4 months 7 days  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?..... 4 months 7 days

3. (a) FULL NAME

Jackson Felix Fenwick

4. Sex..... male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Widowed

8. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... June 20 - 1866 6. (c) If alive, give age..... years

8. AGE: Years..... 79 Months..... 11 Days..... 19 If less than one day..... hrs..... min.

9. Birthplace..... Leonardtown St Marys Md  
(Town, county, and state)

10. Usual occupation..... Teacher

11. Industry or business

12. Name..... J. Felix Fenwick  
13. Birthplace..... St Marys Co

14. Maiden name..... Rebecca Spalding  
15. Birthplace..... St Marys Co

16. Informant..... Mrs A. F. Perry  
Address..... Leonardtown Md

17. (Burial, cremation, or removal, Which?)..... Rural Date thereof..... June 11 - 1946  
(month) (day) (year)  
Cemetery or crematory..... St Aloysius cemetery  
Location..... Leonardtown Md

18. Funeral director..... W. C. Mattingley Sons  
Address..... Leonardtown Md

19. 6/10 46 Cause  
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State..... Maryland County..... St Marys  
City or town..... Leonardtown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

### MEDICAL CERTIFICATION

2D. DATE OF DEATH..... June 9 1946 at..... 1004 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... Mar 30 1946 to..... June 9 1946

and that I last saw him..... June 20 1946

Immediate cause of death..... Lymphatic System DURATION

Due to..... Primary in right axillary region

Secondary..... In intestinal and mesenteric

Due to..... Lymph glands. Cured

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... F. F. Fenwick M. D. or other

Address..... Leonardtown Date signed..... 6-10-46

RECEIVED  
JUN 12 1946  
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 220

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County St. Mary'sCity or town Leonardtown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

St. Mary's Hosp.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County St. Mary'sCity or town Heermansville  
(If outside city or town limits, write RURAL and give nearest town)Street No. ✓  
(If rural, give LOCATION)2.(a) If veteran, name war ✓

## 3. (a) FULL NAME

Alice M. Harris

## 3. (b) Social Security Number

## 4. Sex

female colored

## 5. Color or race

## 6. (a) Single, married, widowed, or divorced

single

## 6. (b) Name of husband or wife

6. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1923

## 8. AGE:

Years 23 Months 5 Days 1 If less than one day  
..... hrs. .... min.

## 9. Birthplace

Maryland  
(Town, county, and state)

## 10. Usual occupation

none

## 11. Industry or business

12. Name John S. Harris

## 13. Birthplace

Maryland

## 14. Maiden name

Sarah Hantecoy

## 15. Birthplace

Maryland16. Informant Sarah HarrisAddress Heermansville, Md.17. Burial(Burial, cremation, or removal. Which?) Date thereof 7/2/46  
(month) (day) (year)

## Cemetery or crematory

Iron FairLocation Heermansville, Md.18. Funeral director J. B. JohnsonAddress Leonardtown, Md.19. July 2 1946

(Date registered by registrar)

P. J. Peary, Md.  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1946, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 20 1946 to June 29 1946and that I last saw her alive on June 29 1946

Immediate cause of death

DURATION

miliary tuberculosis 3 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

P. J. Peary, Md.  
Address Great Mills, Md. Date signed 7-2-46

RECEIVED  
JUL 5 1946  
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

06246

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Leonardtown, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 weeks  
 Hospital, institution, or street address where death occurred:  
Leonardtown, Md  
 How long in hospital or institution? 3 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County St. Mary's  
 City or town Holly Wood  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Milton Clyde Joy  
 4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

## 3. (b) Social Security Number

8.(b) Name of husband or wife \_\_\_\_\_  
 6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Feb 1 - 1880

8. AGE: Years 66 Months 4 Days 5 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

8. Birthplace Holly St. Mary's Maryland  
 (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

MOTHER FATHER 12. Name William W Joy

13. Birthplace Holly Wood Md

14. Maiden name Charlotte E Hayden

15. Birthplace Holly Wood Md

16. Informant Deema d. all

Address 6419 8th St N.W. Washington

17. Burial (Burial, cremation, or removal, Which?) Date thereof June 9 D.C.  
 (month) (day) (year)

Cemetery or crematory Joy Chapel Cemetery

Location Holly Wood Md

18. Funeral director W. C. Mattingly Sons

Address Leonardtown Md

19. 6/8 46 Registrar

(Date rec'd by registrar) 19 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1946 at 8:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 21 1946, to June 7 1946

and that I last saw him alive on June 7 1946

Immediate cause of death Coronary artery occlusion DURATION 3 days

Due to Anterior

Due to \_\_\_\_\_

Other conditions Infarct of heart

bilateral hernia (inguinal)

(Include pregnancy within 8 months of death)

Major findings of operation Transsected right

inguinal hernia Date of op. May 22, 1946

Autopsy Results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE John S. Jones M.D.

Address Leonardtown Md Date signed 6/7/46





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

06247

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Mary'sCity or town Leonardtown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

St. Mary's Hosp.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County St. Mary'sCity or town Mechanicville  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

Francis F. Price

## 3.(b) Social Security Number

4. Sex

female colored single

5. Color or race

6.(a) Single, married, widowed, or divorced

7.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

April 5 - 1931

8.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

15

hrs. min.

9. Birthplace

MD.

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

MOTHER FATHER

12. Name

Wm L. Price

13. Birthplace

MD.

14. Maiden name

Mary G. Holt

15. Birthplace

MD.

16. Informant

Wm L. Price

Address

Mechanicville, MD.

17.

Burial  
(Burial, cremation, or removal. Which?)

Date thereof

6/26/46  
(month) (day) (year)

Cemetery or crematory

St. Joseph

Location

Morgantown, MD.

18. Funeral director

D. B. Robinson

Address

Leonardtown

19.

6/25  
(Date rec'd by registrar)

1946

Cabrillo

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946 at 2:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 23 1946 to June 23 1946and that I last saw him alive on June 23 1946

Immediate cause of death

Pulmonary Edema

DURATION

Due to

Due to

Other conditions

Possibly acute meningitis  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Francis G. Carruth

M. D. or other

Address

Date signed

6/25/46

RECEIVED

JUN 26 1946

BUREAU V.E.

AFRICAN LEECH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 179-2

## CERTIFICATE OF DEATH

06248

Reg. Diat. No. 282

## 1. PLACE OF DEATH:

County St. Mary'sCity or town Leonardtown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary'sCity or town Prason  
(If outside city or town limits, write RURAL and give nearest town)Street No. 6  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

4. Sex female 5. Color or race colored 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife James R. Reede7. Birth date of deceased (mo., day, yr.) November 14, 1904 6.(c) If alive, give age 31 years8. AGE: Years 41 Months Days It less than one day hrs. min.9. Birthplace Balto. Maryland  
(Town, county, and state)10. Usual occupation maid

11. Industry or business

12. Name Unknown

13. Birthplace

14. Maiden name Unknown

15. Birthplace

16. Informant James R. ReedeAddress Prason, Md.17. Burial, cremation, or removal, Which? Burial Date thereof 6/19/46  
(month) (day) (year)Cemetery or crematory St. JosephLocation Morgantown, Md.18. Funeral director P. B. RobinsonAddress Leonardtown, Md.19. 6/18 19 46 Cause of death Cerebral

(Date rec'd by registrar)

Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 19 46 at 6:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him at 7:15 June 16 19 46Immediate cause of death intermyocardial infarction DURATIONDue to dissection of left coronary artery

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6-16-46Where did injury occur? on road near St. Mary's  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) public roadMeans of injury automobile accident Injured at work? no23. SIGNATURE St. Greenwell, Deputy RegistrarAddress Leonardtown, Md. Date signed June 18-46

RECEIVED  
JUN 20 1946  
BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (K3)

## CERTIFICATE OF DEATH

06249  
Reg. Dist. No. 282

### 1. PLACE OF DEATH:

County St. Mary's Co.  
City or town Potomac Pines  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County St. Mary's

City or town Washington  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2614-4th St SE  
(If rural, give LOCATION)

2. (a) If veteran, name war

### 3. (a) FULL NAME

William Peggot

### 3. (b) Social Security Number

4. Sex

M

5. Color or race

W.

6. (a) Single, married, widowed or divorced

Married

6. (b) Name of husband or wife

Ruby Sweet

7. Birth date of

deceased (mo., day, yr.)

June 18, 1887

6. (c) If alive, give age 53 years

8. AGE:

Years

Months

Days

If less than one day

53

hrs. min.

9. Birthplace

Ireland

(Town, county, and state)

10. Usual occupation

Guard aircraft Commission

11. Industry or business

FATHER

12. Name

William Peggot

13. Birthplace

Ireland

MOTHER

14. Maiden name

in name

15. Birthplace

18. Informant

Mrs. Ruby McVey

Address

Ward D. Co.

17.

(Burial, cremation, or removal. Which?)

Date thereof

June 7, 1946

Cemetery or crematory

Fort Lincoln

Location

Washington D. C.

16. Funeral director

S. A. Hines

Address

2901-14th St NW, Washington

19.

(Date rec'd by registrar)

19

46

Qualia

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH

June 2nd, 1946 at 10 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

widow deceased June 6, 1946

and that I last saw

alive on

following

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident

Date of June 2, 1946

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Francis F. Greenwell

M. D. or other

Address

Louisa F. Greenwell

Date signed 6-5-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED TO THE SECRETARY OF THE ARMY

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REC

JUN 7 1946

BUREAU VI